

Delaware Valley College Transcript Request Form

*Office of the Registrar
700 E. Butler Avenue
Doylestown, PA 18901
Fax: 215.230.2972*

DO NOT SEND CASH - all major credit cards, personal checks and money orders are accepted.

Name _____
 First MI Last

Name under which you attended, if different from above _____

Current Street Address (required for credit card processing) _____

 City _____ State _____ Zip _____

DOB: ____/____/____ Social Security # _____ - _____ - _____ (OPTIONAL)

When should transcript be processed?

Now Hold for current semester's grades Hold for change of grade Hold for degree

Dates of Attendance _____ Program of Study _____

If graduated:

Associate degree Bachelor degree Master degree Dated conferred: Month _____ Year _____

Number of transcripts requested: Official _____ Unofficial _____

YOUR SIGNATURE REQUIRED: _____ Date: _____

Contact phone number: _____ E-mail address: _____

Send transcript to: _____

*(MUST have
a complete address)* _____

FEE

1 Official Transcript \$10

5 Official Transcripts for \$35

10 Official Transcripts for \$75

15 Official Transcripts for \$110

Same Day Service \$20 (\$10 transcript fee + \$10 same day

Overnight Service \$40 (\$10 transcript fee + \$20 same day + \$10 Shipping)

Unofficial Transcript No Charge

Check Enclosed Money Order Enclosed Credit Card

Credit Card #: _____ Expiration: _____Month _____Year
V-Code (3 digit security code on back of card) _____

Cardholder's name: _____ Daytime phone number: _____

Cardholder's signature (REQUIRED if not student): _____